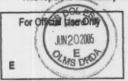
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U -	2. Fiscal Year Covered From:
J. J. Landerson and J.	1 / Through: 1 / 200
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name Flanks Service Action	Name A S C Rel Production
Land business and had been been been been been been been bee	Labor Organization File Number
P.O. Box, Bldg., Room No., if my	P.O. Box, Building and Room Number, if any
	Street Street
Street	Street
City Alla Alacol	City City
State ZIP Code + 4	State
5. Position in labor organization.	
(except as specified in the	er spouse or minor child directly or indirectly had any of the following interests exclusions set forth in the instructions):
 A. Held an interest in, engaged in transactions (including loans) with monetary value from an employer whose employees your organ 	h, or derived income or other economic benefit of nization represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, If any:	
P.O. Box, Bldg., Room No., if any	7 h Amount
	7.b. Amount.
P.O. Box, Bldg., Room No., if any Street	7.b. Amount.
P.O. Box, Bldg., Room No., if any Street City	7.b. Amount.
P.O. Box, Bldg., Room No., if any Street	
P.O. Box, Bldg., Room No., if any Street City	7.b. Amount.
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 15. Signature and verification. The undersigned declares, under pena	Signature alty of Perjury and other applicable penalties of the law, that all of the information mpanying documents), has been examined by the signatory and is, to the best of the
P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4 15. Signature and verification. The undersigned declares, under penal submitted in this report (including the information contained in any according to the information contained in a	Signature alty of Perjury and other applicable penalties of the law, that all of the information mpanying documents), has been examined by the signatory and is, to the best of the
P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4 15. Signature and verification. The undersigned declares, under pena submitted in this report (including the information contained in any according to the information contained t	Signature alty of Perjury and other applicable penalties of the law, that all of the information mpanying documents), has been examined by the signatory and is, to the best of the the section on penalties in the instructions.)

Name Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	File Number U- 2/5 X a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing.
City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.
	12.b. Amount.
C. Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4 APP 19	14.a. Nature of payment. SOF NOX Chocolase Covered nucls GHT
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.